

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 6  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Real People for America</b>		FEC IDENTIFICATION NUMBER <b>C00016789</b>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M / D D / Y Y Y Y Y Y	

Full Name of Payee <b>Google Ads</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 20 / 2016</b>	
Mailing Address <b>1600 Amphitheatre Parkway</b>				Amount <b>50.00</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>You Tube Ad</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 21 / 2016</b>		
Name of Federal Candidate <b>Donald J. Trump</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>20,542.61</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

Full Name of Payee <b>Google Ads</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>09 / 20 / 2016</b>	
Mailing Address <b>1600 Amphitheatre Parkway</b>				Amount <b>200.00</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code <b>94043</b>			
Purpose of Expenditure <b>You tube Ad</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>09 / 23 / 2016</b>		
Name of Federal Candidate <b>Donald J. Trump</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>20,542.61</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>250.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **J. K. [Signature]**

Date **09 / 27 / 2016**